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ABSTRACT

This teaching guide is part of a series of materials developed, with input from adult learners, to aid adult literacy teachers in incorporating health education into the curriculum. This guide aims to help teachers to provide adult students with information about health insurance, available privately and from government programs. The guide provides the goals and objectives of the course and background information on types of health insurance, choosing health coverage, and policyholder rights and responsibilities. The guide includes sample lessons, handouts, answer keys, and a glossary of key terms. Three appendixes provide the following: a directory of New York State Health Maintenance Organizations (HMOs), a description of Child Health Plus in New York State, and a list of nine resources. (KC)

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HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

An Empowering Approach.

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Health Insurance: The Facts You Need

TEACHER'S GUIDE

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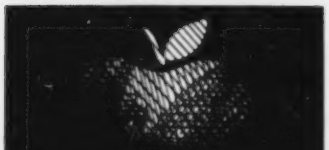

Health Insurance: The Facts You Need

The University of the State of New York
The State Education Department
Office of Workforce Preparation and Continuing Education
Albany, New York 12230

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HEALTH INSURANCE: THE FACTS YOU NEED

INTRODUCTION

Health insurance helps individuals and families protect themselves against major health care expenses which could financially ruin most people. In today's economy, more and more people go without health insurance due to its expense, thereby lacking access to the health care system. A recent report indicates that in one age category alone (45-64 years old), over 4.5 million men and women are uninsured against injury or disease.[1]

This module will provide you with important information concerning health insurance, available privately and from government programs.

GOALS AND OBJECTIVES

Upon completion of this module, students will be able to:

1. Understand public and private health insurance options
2. Evaluate personal coverage
3. Recognize rights and responsibilities of both the health insurance carrier and the policyholder
4. Explain the claims process
5. Demonstrate fluency in insurance terms.

[1] *Albany Times Union*, May 7, 1992, p. A-12.

BACKGROUND INFORMATION

Types of Health Insurance

This section will give an overview of available private health insurance options and related government programs.

Indemnity Plans

Until recently, the most common type of private health insurance coverage was the indemnity plan. Under an indemnity plan, the insurance company reimburses the covered patient for the cost of covered services up to a specific limit. In some cases, the insurer pays the medical care provider (*i.e.*, hospital, doctor, laboratory, or even pharmacy) directly, eliminating the need for the patient to pay first and then be reimbursed.

Indemnity plans are offered by commercial insurance companies or not-for-profit companies such as Blue Cross/Blue Shield. For more information regarding such companies, see the Yellow Pages of your telephone directory or contact the Consumer Services Bureau of the NYS Insurance Department (see Appendix C). Typical types of coverage through indemnity plans include the following:

- **Basic Benefits**

  Basic benefits typically cover hospital and medical bills. Basic hospital insurance covers your hospital bills up to certain time and dollar limits. Basic medical insurance provides coverage for surgical services performed by physicians and surgeons, anesthesia services, and in-hospital physicians' visits. Please note that basic medical insurance coverage, depending on your policy, is subject to certain time and dollar limits.

- **Major Medical**

  Major medical insurance enhances basic benefits by providing additional protection against the cost of serious illnesses or injuries which may exceed the basic benefit limits. Major medical coverage may be combined with basic benefits under a so-called comprehensive plan. Major medical benefits are usually subject to deductibles and coinsurance. The deductible is an amount which you must pay before the insurer starts paying benefits. Major medical policies usually pay a percentage of covered expenses after the deductible

has been met; the portion of covered charges which you pay is the coinsurance amount.

- **Prescription Drugs**

  Health insurance plans often cover prescription drug costs under major medical coverage or under separate plastic card programs. Major medical coverage is subject to deductibles and coinsurance and the patient is reimbursed after submitting a claim to the insurance company. Under plastic card programs, the patient is responsible for a copayment (usually a fixed dollar amount) which is paid to the pharmacy when a prescription is filled, and no further charge is made to the patient. The insurance company pays the pharmacy for the prescription directly.

- **Dental**

  Dental insurance often covers routine and preventative care plus restorative services from a dentist. Often plans will encourage routine and preventative care (*i.e.*, cleaning and checkups) by paying more of the cost of those services. In contrast, restorative care (such as fillings and crowns) may be reimbursed at a lower level. Dental plans also may require prior approval of certain costly procedures by the insurance company. The most generous plans also include coverage for orthodontia (braces), usually subject to annual or lifetime limits.

- **Vision**

  Vision benefits may include routine refractions (eye examinations) by an optometrist or ophthalmologist plus an allowance toward the cost of prescription eyeglasses or contact lenses, usually on a time-limited basis (*i.e.*, one paid every two years).

- **Long-term Care**

  Long-term care insurance provides benefits during an extended period of convalescence, and may cover services ranging from nursing home to home health care. Unless specifically added, most health insurance policies do not cover services which are generally considered custodial and not the treatment of illness or injury. It is important to verify which services are covered under the specific policy.

Health Maintenance Organizations (HMOs)

Growing numbers of individuals and their families are receiving health insurance coverage through health maintenance organizations (HMOs). An HMO is an organization that provides a range of health care services to its members for a fixed periodic prepayment. In contrast to indemnity plans (in which covered individuals are reimbursed or indemnified a specified amount for medical costs after services have been received), HMOs offer prepaid health care in which members or their employers prepay a dollar amount in exchange for the HMO providing all necessary health care services covered under the terms of the plan. Members agree to receive their care through the HMO and may obtain prepaid care outside of the HMO only in emergency situations. HMOs often emphasize preventative care, early detection, and health promotion. For a list of HMOs in New York State, please see Appendix A.

There are three types (models) of HMOs:

- **Staff Model**

  Under the staff model HMO, members receive care from primary care physicians, specialists, and other health care providers at the HMO's facility. Physicians and other medical care providers are typically salaried employees of the staff model HMO. Hospital services are typically provided through a hospital or hospitals which have a contract with the HMO.

- **Group Model**

  The group model HMO contracts with groups of physicians to provide care to members typically on a partnership basis with the HMO. Under the group model, contracting physician groups seldom provide care to patients who are not members of the HMO.

- **Independent Practice Association (IPA) Model**

  The independent practice association (IPA) model HMOs contract with individual physicians or group practices to provide services to HMO members. Members may choose their primary care physician from contracting providers. Under the IPA model, physicians provide services in their offices to both HMO members and other patients. IPA model HMOs are becoming increasingly popular because members may find that their private physicians are

members of the HMO or that the choice of primary care physicians is wider than under other HMO models.

Government Programs

Both our Federal and State governments offer insurance benefits to qualifying senior citizens, disabled persons, and some persons with special conditions such as AIDS. Following are descriptions of programs offered in New York State.

- **Medicare**

  Persons age 65 or over (or younger if disabled) may be eligible to receive health insurance coverage through Medicare, a program offered under the Federal Social Security Act. Medicare provides hospital insurance under Part A, which is paid by employer and employee Social Security tax contributions. Medical care coverage is provided under Part B, which is partially funded by monthly premiums paid by Medicare recipients. Medicare coverage does not include certain services such as prescription drugs and long-term care. It is subject to deductibles (which are adjusted annually) and other limitations which should be closely reviewed by covered persons. If a retired person is covered by Medicare and private insurance, claims must be submitted for payment to Medicare first with any balances then sent to the private insurance company. Under Federal law, an actively employed person aged 65 or over who is eligible for both Medicare and other health insurance coverage through his/her employer must select *either* Medicare *or* the employer's coverage until the date of retirement.

- **Medicaid**

  State Medicaid programs provide coverage for persons who can't afford to pay for medical care and who meet certain income, age, or disability requirements. In New York State, Medicaid provides payment for a broad range of hospital, medical, and dental services including prescription drugs and long-term care. If persons are covered by health insurance and Medicaid, the non-Medicaid health insurance pays for services first. In New York State, Medicaid eligibility is determined by local Social Services Departments.

- **AIDS Health Insurance Program**

  New York State offers a special program for persons who have symptoms of HIV infection or AIDS and who are losing their health insurance coverage because they can no longer work or can work only part-time. For persons meeting certain income eligibility guidelines, the program will pay their health insurance premiums to allow such persons to continue their coverage as provided under Federal law (see description of COBRA on page 6). Eligibility is determined by local Social Services Departments.

- **AIDS Prescription Drug Assistance Program**

  New York State also sponsors a program to help AIDS patients obtain high cost drugs for treatment of the HIV infection. Applicants must be NYS residents and demonstrate financial need. Eligibility is determined by the NYS Department of Health.

- **Elderly Pharmaceutical Insurance Coverage (EPIC)**

  Senior citizens meeting certain income guidelines are eligible to receive partial reimbursement for the cost of prescription medications under the Elderly Pharmaceutical Insurance Coverage program (EPIC), administered by the State of New York. Residents who are 65 or over, meet certain income requirements, and who do not receive Medicaid benefits may join the EPIC program. Participants may select one of two plans: (1) an annual membership fee, or (2) a deductible plan. After paying the annual fee or meeting the deductible, participants will pay only a fixed dollar copayment which varies with the cost of the prescription. The following chart illustrates the payment system:

Prescription Cost	*Copayment*
Minimum	$3.00
$8.01 - $13.00	$5.00
$13.01 - $23.00	$7.00
$23.01 - $33.00	$10.00
$33.01 and over	$23.00

- **New York Child Health Insurance Program**

  New York State offers a program to provide health insurance to children with little or no family coverage. The program, called *Child Health Plus*, provides coverage through certain insurance companies and HMOs at little or no cost to families meeting income eligibility guidelines. Covered services include regular well-child checkups, immunizations, doctor's office visits for sickness or injury, lab work, X rays, outpatient or doctor's office surgery, outpatient treatment for alcoholism and substance abuse, and emergency medical services. Inpatient hospital services are not covered. For additional information, see Appendix B.

- **Where to Obtain Further Information**

  Appendix C lists the addresses and telephone numbers of agencies to contact for further information concerning the aforementioned government programs.

Choosing Your Health Coverage

In choosing health insurance coverage, an individual should examine a number of factors before making a final decision. These factors include:

Available Options

The number of options available to individuals may be affected by a number of factors, including employment status, geographic location, and, in some cases, health status. For example, employed individuals may have several options (indemnity plan plus HMOs) through their employers which are not available on an individual basis to a person who is not a member of a larger group. For persons who are not covered by a group plan, indemnity coverage options may be restricted to individual direct payment policies which, by law, must be made available by not-for-profit insurance companies such as Blue Cross/Blue Shield and HMOs. Information on direct payment policies may be obtained directly from those insurance companies or HMOs.

Affordability

The cost of coverage is affected by the level and use of benefits provided, the method used to pool the claims experience of the persons covered, and additional charges added by the insurer. In general, insurance costs for comparable benefits will be lower through a group insurance policy than through an individual direct payment policy. Effective April 1, 1993, New York State law requires insurers of individuals and small groups (i.e., 3 to 50 eligible employees) to accept all applicants without regard to their health history or current health status and restricts preexisting condition limitations. Rates for individual and small group coverage cannot vary based on age, sex, occupation, or health status.

Costs are also affected by the ability of the insurer to manage care, to prevent fraud and abuse, to eliminate unnecessary care, and to encourage persons to use care cost effectively. HMOs have attempted to better control costs by requiring approval of certain specialist services by primary care ("gatekeeper") physicians; in many cases there are financial incentives for such gatekeeper physicians to closely review referrals to specialists. For example, most HMO members would receive care from a podiatrist only after approval by their primary care physician.

Accessibility

Accessibility to health care is an important consideration, particularly with respect to HMO coverage. Since HMOs provide prepaid health care through their facilities or physician network, individuals who select the HMO type of coverage must closely review the geographic accessibility of those providers. Most HMOs limit services outside of their network to emergency care. Consequently, individuals who travel frequently, who maintain residences in several geographic areas, or who have dependents living outside of the HMO service area should closely review the accessibility question.

Freedom of Choice

Freedom of choice refers to the individual's ability to choose medical care providers with the cost of services received covered under his health insurance policy. HMOs typically will limit freedom of choice to their staff facilities or provider network; indemnity plans typically do not. If an individual has a strong commitment to establishing or maintaining a relationship with a medical care provider, he should closely examine the freedom of choice question, particularly if enrollment in an HMO is contemplated.

In addition, a number of indemnity plans will offer participating provider options under which certain services will be covered on a paid-in-full or reduced cost basis if received from a participating provider. Because such arrangements may offer significant financial advantages to covered individuals, information in the form of lists of physicians who serve as participating providers should be examined by persons considering that coverage option. Participating provider directories may be obtained from insurers offering such arrangements. **Handout A** shows an example of a maternity claim where services were rendered by a participating provider physician.

Benefit Limitations

Purchasers of health insurance should closely examine the benefits offered by insurers and HMOs, particularly in areas where there is a personal or family history of medical problems. Significant limitations are often found in such benefit areas as mental health and drug and alcohol rehabilitation. Benefits may be limited to an annual or lifetime fixed dollar amount or by a cap on the number of services (*i.e.*, visits or hospital days) covered under the policy. In addition, buyers should examine the level of catastrophic protection offered by a policy and avoid simply focusing on the level of up-front deductibles and copayments.

Preexisting Conditions

Preexisting conditions are physical or mental conditions of insured persons which existed before a health insurance policy was issued. Buyers should carefully examine policies to determine if they contain preexisting condition exclusions and, if so, how the exclusion would reduce coverage for medical expenses.

Waiting Periods

Group health insurance policies may require a waiting period from the time a person becomes employed until the date his or her coverage is effective. Individuals who are employed or seeking employment should investigate if a waiting period will delay their eligibility for health insurance coverage.

Exclusions

All health insurance policies will identify services which are excluded from coverage. Often exclusions are general in nature and seem innocuous until a costly claim is rejected based on the exclusion. For example, most policies will exclude coverage for care that is not medically necessary. Buyers should be aware of the process for determining medical necessity — is it determined by the insurance company after the fact, in which case the person may be responsible for the entire cost of the medical claim after the services have been received? Alternatively, is medical necessity determined before the service is rendered? Does the policy exclude experimental procedures? If so, how and when is a procedure determined to be experimental and therefore not covered? How can the insured person get answers to these questions *before* the service is provided? By clearly understanding policy exclusions, buyers can reduce the chances of having claims rejected and having to pay unexpected medical costs.

Policyholder Rights and Responsibilities

Individuals covered by a health insurance policy have certain rights and responsibilities. They include:

Filing Claims

Policies will outline the process for submitting claims including time limits, use of certain forms, submission of required documentation, such as receipts, and providing related information necessary for the carrier to process your claim. A policyholder is required to provide that information; failure to provide required information may result in a delay or rejection of a claim. Covered persons should become familiar with the requirements of their policies. **Handout D** is an example of a standard claim form.

Appealing Claims

Policies will describe the process a policyholder may use to appeal a claim which has been reduced or rejected. Often the appeal process will include a time frame for submission of an appeal. Covered persons should be aware of their right to appeal a claim determination of the insurer and the procedural requirements.

Managed Benefit Requirements

Managed care benefit plans are offered by both indemnity plan insurers and HMOs to reduce the cost of unnecessary care and to encourage the use of care in the most cost-effective setting. Particularly with

indemnity plans, managed care may include a requirement that the policyholder call for approval before being admitted into a hospital or receiving a second opinion before certain surgical procedures are performed. If a policyholder does not comply with the managed care procedural requirements, financial penalties may apply and, in some cases, coverage may be retrospectively (retroactively) denied. It is therefore essential that policyholders understand the managed benefit requirements of their policies.

Enrollment Status

Policyholders are responsible for informing the insurer of changes in their enrollment status which may affect the continued eligibility of themselves or their dependents. For example, many health insurance policies will cover dependents over age 19 who are enrolled as full-time students in an accredited college. You may be required to document continued enrollment and to notify the insurer of any change in student status.

Option Changes

If a policyholder's employer offers several health insurance options, he or she may have the right to change options annually or, in some cases, more frequently. Policyholders should be aware of the timing and frequency of option transfer periods established by their employers.

Continued Coverage Rights

Under Federal law (the Consolidated Omnibus Budget Reconciliation Act of 1986, also known as COBRA), most employers providing group health insurance to employees and their families must offer the opportunity to temporarily extend their coverage under certain circumstances where their coverage would otherwise end. Employees and their dependents may be required to pay 102 percent of the cost of the coverage.

If an employee loses coverage because of a termination in employment (for other than gross misconduct) or due to a reduction in hours, continuation coverage may be purchased for up to 18 months.

If a spouse of an employee loses coverage due to the death of the employee, reduction in the employee's hours, termination of employment (for other than gross misconduct), divorce or separation from the employee, or the spouse becomes eligible for Medicare and loses coverage, continuation coverage may be purchased for up to 36 months. In the case of an employee who is eligible for Medicare disability, continuation coverage may be purchased for up to 29 months.

Similar conditions permit the purchase of continued coverage by dependent children for up to 36 months.

Policyholders losing their health insurance coverage should contact their employers for information on COBRA. In addition, New York State law may provide continuation of coverage rights in limited cases where COBRA does not apply.

Sample Lesson 1: Coverage Options

Goal: To discuss various options for health insurance coverage and assistance in paying for prescription drugs.

Outcome Objective: The learner will gather possible options from sections which appear in the text of this guide.

Instructional Materials & Resources:

- *Health Insurance: The Facts You Need*
- **Handout B** included in this guide (key located at module end)
- **Appendix C** included in this guide

Activities

Activity 1 Distribute **Handout B** and read Scenario #1 with students. Refer to the information regarding *Continued Coverage Rights* (page 6) and *Government Programs* (page 3) or to **Appendix C** for a list of names and addresses of agencies to contact for further information concerning government programs. Discuss the possible avenues the scenario's subject may take. Also suggest that there are service organizations which may help persons who have specific illnesses.

Activity 2 From **Handout B**, read scenario #2 with students. Refer to the information regarding *Government Programs* (page 3) or to **Appendix C** for a list of names and addresses of agencies to contact for further information concerning government programs. Ask students to develop scenarios in which children would be covered under the Child Health Plus program; for example, a trip to the emergency room, a child with a substance abuse problem, checkups and shots, and so on.

Activity 3 From **Handout B**, read scenario #3 with students. Refer to the information on the **EPIC** program for the elderly (page 3). Add this possibility to the scenario: *If Lydia does subscribe to the **EPIC** program and needs a prescription that costs $25, how much is she obligated to pay?* Refer to the table on page three.

Sample Lesson 2: Stake Your Claim

Goal: To understand the claim-making process in an indemnity plan.

Outcome Objective: The learner will be able to fill out a standard claim form.

Instructional Materials & Resources:

- **Handouts C and D** included in this guide

Activities

Activity 1 Distribute **Handout C**, *Global Health Network Insurance Policy*, and read with students. Help to explain the concept of deductibles and subscriber expenses. Refer students to last page of **Handout C** for a mock subscriber card containing the subscriber number, plan number, and so forth.

Activity 2 Distribute **Handout D**, a mock claim form. Under this mock insurance plan, each time a subscriber visits a health care provider, s/he is required to fill out a claim form. Ask students to fill out the mock claim form.

Sample Lesson 3: Out-of-Pocket Expenses

Goal: To understand the concept of deductibles and copayments in an indemnity plan.

Outcome Objective: The learner will be able to compute the portion of medical expenses s/he will be responsible for in a given time period.

Instructional Materials & Resources:

- **Handouts C and E** included in this guide.
- Calculator

Activities

Activity 1 Refer back to **Handout C**, the mock insurance policy. Review the concept of deductibles and copayments. Distribute **Handout E**, a compilation of mock medical receipts, and review with students.

Activity 2 Ask students to look at the medical expenses on **Handout E**. Using criteria outlined in the policy, figure the total portion of medical expenses the subscriber would be responsible for under a family policy.

HANDOUT A

BENEFIT COMPARISON
TOTAL OBSTETRICAL CARE—NORMAL DELIVERY

James E. Smith, M.D., P.C.
123 State Street
Anywhere, NY 12345

GLOBAL BENEFITS		IRON CROSS BENEFITS
Dr. Smith's Fee	$2200.00	
Usual & Customary Fee	$2150.00	
$450.00 payable at 100%	$450.00	Paid in full to Dr. Smith as a Participating Provider.
$1700.00 payable at 80%	$1360.00	
Total Benefit	$1810.00	

MEMBER OUT-OF-POCKET EXPENSE*	MEMBER OUT-OF-POCKET EXPENSE
$390.00	**$0.00**

* Member has previously satisfied the annual deductible.

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HANDOUT B

SCENARIO #1

John has become infected with HIV and is unable to continue work with his employer. He has exhausted his sick leave and has been removed from the payroll, terminating his health insurance coverage. What should he do to obtain health insurance coverage?

SCENARIO #2

Bill and Sally are employed full-time at fast-food restaurants which do not provide health insurance benefits. They have two children who are in elementary school and are concerned about adequate health insurance coverage for themselves and their children. What are their options?

SCENARIO #3

Lydia is a senior citizen enrolled in Medicare who must take several expensive prescription drugs each day. Unfortunately, the cost of these prescriptions is not covered under the Medicare program. Because she lives on a fixed income, Lydia may not be able to pay for these prescriptions which have been rapidly increasing in cost. What should she do?

HANDOUT C

GLOBAL HEALTH NETWORK INSURANCE POLICY

Health Care Benefits

Deductible and Coinsurance Provisions

If you have individual coverage, you must pay the first $200 of charges each calendar year before we can reimburse you for benefits covered under this contract.

If you have family coverage, three members of your family can satisfy the deductible for your entire family for a calendar year. This happens when each of three covered members from your family satisfy the individual deductible amount of $200. After this, no more deductible will apply during that calendar year to charges for covered services provided to other covered members of your family. However, these charges must have been incurred after the three deductibles were satisfied.

After the deductible has been met according to the above rules, we shall pay 80 percent of the usual and customary charges for the benefits covered under this contract. When we have paid you or, on your behalf, the amount of $2,000, this coinsurance provision will no longer apply and we then shall pay 100 percent of the usual and customary charges for covered services for the remainder of the calendar year.

If two or more members of your family are injured in the same accident, only one deductible will apply. However, the accident must have occurred on or after the effective date of this plan.

If your group changes from another Comprehensive to this Comprehensive Plan, any amounts paid as deductibles under the other plan during that calendar year will be applied to the comprehensive deductible under this plan for the remainder of that calendar year.

HANDOUT C (cont'd)

GLOBAL HEALTH NETWORK

Subscriber Identification Card

STONE MARY A

SUBSCRIBER NUMBER

BCD123-45-6789

GROUP NO.	GHN PLAN	COVERAGE
0055500	**800**	**FAMILY**

COVERAGES

COMPREHENSIVE MANAGED BENEFITS	**01/01/92**

HANDOUT D

GLOBAL HEALTH NETWORK INSURANCE CLAIM FORM
P.O. Box 1000
Anywhere, NY 12345
Phone (518) 555-WELL
FAX (518) 555-1000

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. Patient's Name	2. Patient's Birth Date	3. Insured's Name	
4. Patient's Address	5. Patient's Sex ___ Male ___ Female	5A. Insured's Sex ___ Male ___ Female	6. Medicare Number 6A. Medicaid Number
	5B. Patient's Phone Number	6B. Private Insurance Number	Group Number

6C. Patient's Employer, Occupation, or School	7. Patient's Relationship to Insured ___ Self ___ Spouse ___ Child ___ Other	8. Insured's Employer or Occupation
9. Other Health Insurance Coverage Enter Name of Policyholder, Plan Name and Address, and Policy or Private Insurance Number	10. Was Condition Related To ___ Patient's Employment ___ Crime Victim ___ Auto Accident ___ Other Liability	11. Insured's Address

12. I authorize the release of information as provided on the reverse side of this claim form	13. I am in agreement with the authorization to pay statement on the reverse side of this claim form
Patient's or Authorized Signature Date	Insured's Signature

PHYSICIAN OR SUPPLIER INFORMATION

(Health care provider would normally complete this portion or attach a detailed receipt for services rendered)

BEST COPY AVAILABLE

HANDOUT E

JAMES E. SMITH, M.D., P.C.
123 State Street
Anywhere, NY 12345

January 27, 1992

Patient:	*Mary Stone*
Normal Delivery	$2200.00
Patient:	*John Stone, Jr.*
Circumcision	$200.00
Total Charges	**$2400.00**

MARY JONES, M.D.
General Practitioner
432 Erie Boulevard
Someplace, NY 56789

January 5, 1992

Patient:	*John Stone*
Office Visit	$30.00
Throat Culture	$45.00
Amount Due	**$75.00**

Joseph Perel, M.D.
1030 Union Street
Someplace, NY 56789
Care Limited to Pediatrics

February 28, 1992

Patient:	*John Stone, Jr.*
Office Visit	$30.00
DPT Vaccination	$75.00
Polio Vaccine	$75.00
Amount Due	**$180.00**

Joseph Perel, M.D.
1030 Union Street
Someplace, NY 56789
Care Limited to Pediatrics

March 30, 1992

Patient:	*John Stone, Jr.*
Office Visit	$30.00
Amount Due	**$30.00**

JAMES E. SMITH, M.D., P.C.
123 State Street
Anywhere, NY 12345

March 15, 1992

Patient:	*Mary Stone*
Six-Week Checkup	$40.00
Total Charges	**$40.00**

MARCO VEGA, M.D.
UROLOGIST
Executive Office Park
Anywhere, NY 12345

Patient:	*John Stone*
June 2, 1992	
Office Visit	$50.00
Amount Due	**$50.00**

KEY TO HANDOUT B

Scenario #1:

Under the Federal COBRA law, John would have a right to continued coverage under his employer's health plan for up to 18 months. He may be required to pay 102 percent of the premium cost of such coverage. By law, John's employer is required to notify him of his COBRA rights under these circumstances. John must apply for continued coverage under COBRA. He may also be eligible for New York State's AIDS Health Insurance program, which would pay his COBRA premiums if he meets certain income guidelines. He should contact his local Department of Social Services regarding eligibility for the AIDS Health Insurance Program. In addition, John may be eligible to receive certain high cost drugs free of charge under the New York State AIDS Drug Assistance Program. He should contact the NYS Department of Health's AIDS Institute at 1-800-542-2437 for eligibility and coverage information.

Scenario #2:

Bill and Sally must obtain health insurance on an individual basis since their employer group does not offer coverage. Insurers and HMOs offering individual policies must provide coverage to all persons regardless of their occupation or health status, subject only to preexisting condition limitations or waiting periods.

For their children, Bill and Sally may obtain health insurance coverage for other than inpatient hospital services at little or no cost under the **New York State Child Health Plus Program.** They should call 1-800-522-5006 toll-free to obtain enrollment information.

Scenario #3:

Lydia should investigate enrolling in the **New York State Elderly Pharmaceutical Insurance Coverage Program (EPIC)** to help pay part of the cost of her prescription costs. She may obtain enrollment and coverage information by calling 1-800-332-3742 toll-free.

KEY TO HANDOUT E

The Stones subscribe to a family policy, so the deductible for each of the three family members is $200, and the copayment amount is 20 percent after the deductibles have been met.

John Stone's medical expenses total $125. Because his deductible has not yet been met, he must pay the full amount: ***$125.00***

Mary Stone's total medical expenses are $2240. She must pay the first $200 of her expenses (the deductible) + 20 percent of the rest. To figure out how much Mary owes, use the following formula:

[Total Expenses - Deductible] x [.20] = Copayment

[($2240 - $200) = $2040] x [.20] = $408.00

Copayment + Deductible = Total Out-of-Pocket Expense

$408 + $200 = $608.00

John Jr.'s medical expenses total $410. The same formula used to figure Mary's expenses applies:

[Total Expenses - Deductible] x [.20] = Copayment

[($410 - $200) = $210.00] x [.20] = $42.00

Copayment + Deductible = Total Out-of-Pocket Expense

$42 + $200 = $242.00

Therefore, the Stones are responsible for:

$125.00
608.00
242.00
$975.00

Their total medical bills were $2775. Insurance covered $1800 of those expenses.

GLOSSARY

Basic Benefits	Health insurance benefits which may cover hospital or medical benefits subject to certain time and dollar limits.
Calendar Year	The period of time from January 1 through December 30, often specified in insurance policies.
COBRA	Also known as the Consolidated Omnibus Budget Reconciliation Act; Federal law which requires employers to offer employees and their dependents who are losing medical coverage the option of purchasing continued health insurance.
Coinsurance	A policy provision frequently found in major medical insurance where the insured person and the insurer share the covered losses in a specified ratio, *i.e.*, 80 percent paid by the insurer and 20 percent paid by the insured.
Deductible	The amount of covered charges which must be paid by the insured before benefits are payable by the insurance company.
EPIC	The New York State Elderly Pharmaceutical Insurance Coverage Program, which provides partial coverage for the cost of prescription medications purchased by participating senior citizens.
Exclusions	Specific conditions or circumstances listed in the insurance policy for which the policy will not provide benefit payments.
Freedom of Choice	The ability of the insured to choose medical care providers with the cost of services received covered under the insured's health insurance policy.
HMO	Also known as a Health Maintenance Organization; an organization which provides a wide range of comprehensive health care services for a specified group at a fixed periodic payment.
Indemnity Plan	A health benefit plan which reimburses the insured for the cost of covered services up to a specific limit.
Long-term Care Insurance	Insurance which provides benefits during an extended period of convalescence, and may cover services ranging from nursing home to home health care; usually not part of most health insurance policies unless specifically added.
Major Medical	Insurance which enhances basic benefits by providing additional protection against the cost of serious illnesses or injuries which may exceed the basic benefit limits.
Managed Care	Health care plans that include a network of health care providers where charges are negotiated, and health care utilization by insured is subject to standards and review.
Medicaid	The New York State program of public assistance to persons regardless of age whose income and resources are inadequate to pay for health care.
Medicare	A program offered under the Federal Social Security Act that covers certain medical expenses of eligible persons aged 65 or over (or younger if disabled).

Participating Provider	A health care professional who has agreed with an insurance company to accept certain set fees for services. Payment is made according to the terms of this contract and the participating provider can bill the subscriber for any balance up to the usual and customary charge.
Preexisting Conditions	Physical or mental conditions of an insured person which existed before a health insurance policy was issued; certain health insurance policies may exclude coverage for such conditions.
Provider	A health care professional who renders health services for which benefits are available.
Subscriber	A person who has a right to benefits under the insurance contract.
Usual and Customary Charge	A charge which is not more than the most common charge for the same service by providers within the same specific geographic area or socio-economic area. The amount of a usual and customary charge for a service is usually determined by the subscriber's insurance company.
Waiting Period	A group health insurance policy requirement establishing a period of time between a person's date of employment and his or her effective date of coverage.

APPENDIX A

New York State
Health
Maintenance
Organization
Conference and
Council

Directory of
New York State HMOs

1202 Troy-Schenectady Road
Latham, NY 12110
518/783-6866
January, 1993

HMOS OF NEW YORK STATE

Aetna Health Plans of New York

(Formerly HealthWays)
Aetna Life and Casualty, Inc.
2700 Westchester Ave., Purchase, NY 10577 914/251-0600

AREA Five boroughs of New York City, Long Island, Rockland and Westchester counties and New Jersey.

CONTACTS Angelo V. D'Ascoli, Executive Director
Franklin L. Brosgol, M.D., Medical Director
Lucinda Annino, Manager

NY Enrollment 15,000 **Operations Began** 1987 **HMO Model** IPA

Blue Choice

Blue Cross and Blue Shield of the Rochester Area
150 E. Main St., Gateway Centre, Rochester, NY 14647 716/454-1700

AREA Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties.

CONTACTS Peter Wood, Vice President
Joseph Stankaitis, M.D., Medical Director
Denise Opdyke, Director, Corporate Sales

NY Enrollment 375,000 **Operations Began** 1985 **HMO Model** IPA

BlueCare Plus

12 Rhoads Drive, Utica, NY 13502-6398 800/722-7884, 315/797-4200

AREA Chenango, Delaware, Fulton, Herkimer, Madison, Montgomery, Oneida, Oswego and Otsego counties.

CONTACTS Henry F. Becker, Vice President ADS
Fel Davies, M.D., Medical Director
Peter Falzarine, CHC, Marketing Director

NY Enrollment 9,000 **Operations Began** 1986 **HMO Model** IPA

CHP–Community Health Plan

Capital Area Region
1201 Troy-Schenectady Rd., Latham, NY 12110 518/783-1884
Albany, Clinton, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington counties in New York, southern Vermont and western Massachusetts. Sixteen centers serve the area.

Hudson Valley Region
160 Union St., Poughkeepsie, NY 12601 914/471-2368
(Formerly, HealthShield Region) Dutchess, Putnam, Ulster and parts of Orange counties. Ten centers serve the area.

Bassett Region
One Atwell Rd., Cooperstown, NY 13326 607/547-9244
Chenango, Delaware, Herkimer, Madison, Otsego and Schoharie counties. Sixteen centers serve the area.

CONTACTS John Beaches, President
Bruce Nash, M.D., Medical Director
Carole Montespare, Marketing Manager–Capital Area Region
Joseph Lia, Marketing Manager–Hudson Valley Region
Audrey France, Associate Marketing Manager–Bassett Region

NY Enrollment 147,000 **Operations Began** 1977 **HMO Model** Staff/Network Federally Qualified

CIGNA Healthplan of New York

(Formerly, Total Health HMO)
Sales and Marketing Office, 195 Broadway, 12th Floor
New York, NY 10007 212/618-5500

AREA Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties and other states including Connecticut, New Jersey, and Pennsylvania.

CONTACTS Chan Wheeler, SVP, Regional Managed Care
Jonathan Kaplan, M.D., Medical Director & General Manager
William J. Corbe, Manager Sales and Marketing

NY Enrollment 48,600 **Operations Began** 1986 **HMO Model** IPA Federally Qualified

Capital District Physicians' Health Plan

One Columbia Circle, Albany, NY 12203 518/452-1941

AREA Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties.

CONTACTS Diane E. Bergman, Executive Director
Barry Schwartz, M.D., Medical Director
Peggy Smyth-Bonneau, Acting Director, Marketing

NY Enrollment 128,000 **Operations Began** 1984 **HMO Model** IPA

ChoiceCare Long Island

Corporate Center, 395 No. Service Rd., Melville, NY 11747-3127 516/694-4000

AREA Nassau, Queens and Suffolk counties.

CONTACTS David S. Reynolds, Ph.D., President
Steven Christianson, D.O., Medical Director
Thomas D. Delaney, Sr. Director of Marketing
Lloyd S. Straus, CFO
Sharon Smith-Daly, R.N., Sr. Director for Health Services
Russell J. Koutrouby, Sr. Director for Corporate Planning

NY Enrollment 39,000 **Operations Began** 1986 **HMO Model** IPA

Community Blue

The HMO of Blue Cross of Western New York, Inc.
1901 Main St., Buffalo, NY 14208 716/887-6900

AREA Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

CONTACTS Mary Lee Campbell-Wisley, Vice President, ADS
Charles W. Pruet, M.D., Medical Director
Lisbeth L. Walls, Vice President, Marketing

NY Enrollment 139,000 **Operations Began** 1985 **HMO Model** IPA

Elderplan

6323 Seventh Ave., Brooklyn, NY 11220 718/921-7990

AREA Southwestern Kings county. Three medical center satellites. Note: Enrollment limited to Medicare beneficiaries age 65 and over.

CONTACTS Kathleen Borgard, Chief Operating Officer
Raymond Cecora, M.D., Medical Director
Terrie Raphael, Director of Enrollment and Community Relations

NY Enrollment 5,900 **Operations Began** 1985 **HMO Model** Network

FHP–Foundation Health Plan

HMO-CNY, Inc., Regional Office
2 Court St., Binghamton, NY 13901 607/723-4133

AREA Broome, Tioga, parts of Cortland, Chenango and Delaware counties in New York; and parts of Bradford and Susquehanna counties in Pennsylvania.

CONTACTS Joseph Buttiglieri, CEO
Edward M. Cox, M.D., Medical Director
Patrick McGuigan, Director of Marketing

NY Enrollment 18,800 **Operations Began** 1984 **HMO Model** IPA

HCP–Health Care Plan

900 Guaranty Building, Buffalo, NY 14202 716/847-1480

AREA Nine facilities serving Cattaraugus, Erie and Wyoming counties; and a network of select physicians serving Niagara county.

CONTACTS Arthur R. Goshin, M.D., President
Edward J. Marine, M.D., Medical Director
Stanley J. Duda, Director of Marketing

NY Enrollment 85,000 **Operations Began** 1976 **HMO Model** Staff Federally Qualified

HIP–Health Insurance Plan of Greater New York

7 West 34th St., New York, NY 10001 212/630-5000

AREA Five boroughs of New York City, Nassau, Suffolk and Westchester counties, New Jersey and southeastern Florida. More than 60 centers serve this area, including six mental health centers.

CONTACTS Stephen I. Lewis, First Senior Vice President
Jesse Jampol, M.D., Medical Director
John J. Klitsch, Vice President, Marketing

NY Enrollment 929,000 **Operations Began** Prepaid group practice-1947 HMO-1978 **HMO Model** Group

HealthNet

Empire Blue Cross and Blue Shield
622 Third Ave., New York, NY 10017 212/856-1915, 800/453-0113

AREA Albany, Bronx, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington and Westchester counties.

CONTACTS Victor Bonik, VP, Managed Care Programs
Arthur DeSimone, M.D., Medical Director
Steve Bory, Administrator

NY Enrollment 110,000 **Operations Began** 1973 **HMO Model** Group/IPA

IPHP–Independent Prepaid Health Plan

HMO—CNY, Inc. 315/426-6820
344 So. Warren St., PO Box 4712
Syracuse, NY 13221

AREA Onondaga, Oswego, parts of Cayuga and Cortland and western Madison counties.

CONTACTS Joseph Buttiglieri, CEO
Henry Barba, M.D., Medical Director
Patrick McGuigan, Director of Marketing

NY Enrollment 20,000 **Operations Began** 1986 **HMO Model** IPA

Independent Health

Western New York
511 Farber Lakes Drive, Buffalo, NY 14221 716/631-5392
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

Hudson Valley
220 White Plains Rd., Tarrytown, NY 10591 914/631-0039, 800/864-5494
Dutchess, Orange Putnam, Rockland, Ulster and Westchester counties.

CONTACTS William McHugh, Executive Vice Presidents–Western NY
Robert Kohn, M.D., Medical Director–Western NY
Jack Hoerner, Director, Marketing–Western NY
William Yurkowski, Executive Director–Hudson Valley
Herbert Sperling, M.D., Medical Director–Hudson Valley
Peter Osinski, Director, Marketing–Hudson Valley

NY Enrollment 257,000 **Operations Began** 1980 **HMO Model** IPA Federally Qualified

Kaiser Foundation Health Plan of New York

210 Westchester Ave., White Plains, NY 10604 914/682-6500

AREA Westchester county and southern Connecticut. Four centers service the area.

CONTACTS Michael Dudley, Vice President & Regional Manager
Barney Newman, M.D., Medical Director
William Kramer, Health Plan Manager
Karen King, Acting Marketing Manager
Debra Jenkins, Government Relations Director

NY Enrollment 39,000 **Operations Began** 1976 **HMO Model** Group Federally Qualified

MHP–Mid-Hudson Health Plan

Park West Hurley Avenue, PO Box 3788 800/443-4711
Kingston, NY 12401 914/338-0202, Fax 914/336-5912

AREA Columbia, Delaware, northern Dutchess, Greene and Ulster counties.

CONTACTS Edward Ullmann, Executive Director
Neil Lieblich, M.D., Medical Director
Peter Kraft, Regional Marketing Director

NY Enrollment 22,000 **Operations Began** 1984 **HMO Model** Network

MVP Health Plan

111 Liberty St., Schenectady, NY 12305 518/370-4793

MVP East Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

MVP North Clinton, Essex, Franklin and St. Lawrence counties.

MVP South Central Broome, Chenango, Delaware, Otsego and Tioga counties.

MVP Central
4947 Commercial Drive, Yorkville, NY 13495 315/736-1825
Herkimer, Madison and Oneida counties.

MVP Mid-Hudson
385 South Rd., Beechwood Office Park, Poughkeepsie, NY 12601 914/473-1762
Dutchess and Ulster counties.

CONTACTS David W. Olker, President and CEO
Franklyn C. Hayford, M.D., Medical Director –East
John Vasile, M.D., Medical Director–North
Harry Love, M.D., Medical Director–Central
Janendhana Mahadeva, M.D., Medical Director–South Central
Eleanor Kane, M.D., Medical Director–Mid-Hudson
Mary Bianchi, Associate Marketing Director

NY Enrollment 180,000 **Operations Began** 1983 **HMO Model** IPA

Managed Health

410 Lakeville Rd., New Hyde Park, NY 11042 516/352-2999

AREA Nassau, Queens and Suffolk counties.

CONTACTS Jack Resnick, M.D., President
Daniel Reinhartz, M.D., Medical Director
Richard Densing, Director of Marketing

NY Enrollment 3,600 **Operations Began** 1990 **HMO Model** Group

MetLife Network

MetLife HealthCare Network of NY, Inc.
2929 Express Drive North
Hauppauge, NY 11787 516/348-4200

AREA Five boroughs of New York and Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester counties.

CONTACTS Michael C. Jaeger, President & CEO
James Lione, M.D., Medical Director
Robert D. McCord, Regional Director

NY Enrollment 90,000 **Operations Began** 1987 **HMO Model** IPA

NorthCare

(Exclusive affiliate of Empire Blue Cross and Blue Shield HealthNet)
2 Broad Street Plaza
Glens Falls, NY 12801 212/856-1915; Marketing: 518/798-3555

AREA Essex, Saratoga (excluding Halfmoon, Waterford and Clifton Park), Warren and Washington counties.

CONTACTS Victor Bonik, VP, Managed Care Programs
Steve Bory, Administrator

NY Enrollment 18,000 **Operations Began** 1986 **HMO Model** IPA

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Oxford Health Plans

521 Fifth Ave., 15th Floor, New York, NY 10175 212/599-2266, 800/444-6222

AREA Five boroughs of New York City, Nassau, Rockland , Suffolk, and Westchester counties, most of New Jersey and parts of Connecticut.

CONTACTS Stephen F. Wiggins, President
Thomas Travers, D.D.S., Medical Director
William Sullivan, Vice President of Sales

NY Enrollment 134,000 **Operations Began** 1986 **HMO Model** IPA

PHP–Prepaid Health Plan

Health Services Medical Corporation 315/638-2133
8278 Willett Parkway, Baldwinsville, NY 13027

AREA Onondaga, Cortland, parts of Cayuga, western Madison and most of Oswego counties. Seven centers serve the area.

CONTACTS Frederick F. Yanni, Jr., President
Jeffrey Sneider, M.D., Medical Director
James N. Jerose, Sr. Vice President, Marketing

NY Enrollment 44,000 **Operations Began** 1977 **HMO Model** Group Federally Qualified

PHP–Slocum Dickson Medical Network

Health Services Medical Corporation
217 Seneca Turnpike, New Hartford, NY 13413 315/797-7019

AREA Herkimer, eastern Madison and Oneida counties.

CONTACTS Frederick F. Yanni, Jr., President
Sidney Blatt, M.D., Medical Director
Lynn M. Humphrey, Plan Manager

NY Enrollment 7,000 **Operations Began** 1987 **HMO Model** Group/Network

PHS–Physicians Health Services of New York

Crosswest Office Center, Suite 212, 399 Knollwood Rd., White Plains, NY 10603 914/682-9192

AREA Putnam and Westchester counties.

CONTACTS Philip J. Pasaantino, President
Albert Sheehy, M.D., Medical Director
Barbara Vernon, Sales Manager, PHS/NY

NY Enrollment 16,300 **Operations Began** 1987 **HMO Model** IPA Federally Qualified

Patients' Choice

Corporate Center, 90 Presidential Plaza, Syracuse, NY 13202 315/476-0874
800/999-0874

AREA Cayuga, Cortland, Madison, Onondaga and Oswego counties.

CONTACTS Ronald H. Harms, CEO
Richard Eberle, M.D., Medical Director
Walter Munsen, Director of Marketing

NY Enrollment 22,000 **Operations Began** 1986 **HMO Model** IPA

Preferred Care

259 Monroe Ave., Rochester, NY 14607 716/325-3920

AREA Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties.

CONTACTS John Urban, President
John C. Johns, M.D., Vice President , Medical Director
Diane U. Soehner, Vice President, Marketing

NY Enrollment 158,000 **Operations Began** 1979 **HMO Model** IPA Federally Qualified

PruCare of New York

Prudential Health Care Plan of New York, Inc.
(The office center at Montbello)
400 Rella Blvd., Suite 200, Suffern, NY 10901 914/368-4497

AREA Five boroughs of New York City, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester counties.

CONTACTS Ray Allen, Vice President
Judith Taylor, M.D., Medical Director
Joan Holappa, Unit Leader

NY Enrollment 63,000 **Operations Began** 1987 **HMO Model** IPA Federally Qualified

Sanus Health Plan

75-20 Astoria Blvd., Jackson Heights, NY 11370 718/899-5200, 800/338-3390

AREA Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties and six counties in New Jersey.

CONTACTS William Madden, Deputy Executive Director
Scott Cooper, M.D., Medical Director
Harriet Dronska, Vice President Marketing & Sales

NY Enrollment 80,000 **Operations Began** 1987 **HMO Model** IPA Federally Qualified

Travelers Health Network of New York

Metropolitan Division
701 Westchester Ave., Suite 310 E., White Plains, NY 10604 914/781-9102
Five boroughs of New York City, Nassau, Rockland, Suffolk and Westchester counties and New Jersey.
Syracuse Division
5015 Campus Wood Drive, East Syracuse, NY 13057 315/433-5700
Onondaga and parts of Cayuga, Madison and Oswego counties.

CONTACTS Kathryn Norton, Executive Director, Metro/Syr
Robert Ettinger, Director of Operations-Metro
Richard Hogarth, District Manager-Metro
William Nausen, M.D., Medical Director–Syr
Terence Engels, Sales Manager–Syr

NY Enrollment 35,000 **Operations Began** 1986 **HMO Model** IPA Federally Qualified

U.S. Healthcare

Nassau Omni West 516/794-2389
33 Earle Ovington Blvd., Ste. 502 800/323-9930
Uniondale, NY 11553

AREA Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties in New York; Fairfield, Hartford, Litchfield and New Haven counties in Connecticut.

CONTACTS Tim Nolan, General Manager
Marilyn Margon, District Manager
Alan Bernstein, M.D., Medical Director
Jose L. Cabrera, Vice President, Marketing

NY Enrollment 312,000 **Operations Began** 1986 **HMO Model** IPA Federally Qualified

WellCare of New York

130 Meadow Ave., Newburgh, NY 12550 914/566-0700
800/288-5441, Fax 914/566-9048
4 Palisades Dr., Albany, NY 12205 518/446-0200
800/273-1332, Fax 518/446-0388

AREA Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties.

CONTACTS Robert Goff, Executive Director
Franklin Gunerathe, M.D., Medical Director
Peter Kraft, Regional Marketing Director

NY Enrollment 36,000 **Operations Began** 1987 **HMO Model** IPA

NYS HMOs Serve the Following Areas

Binghamton Area
FHP—Foundation Health Plan

Buffalo Area
Community Blue
HCP—Health Care Plan
Independent Health

Cooperstown Area
BlueCare Plus
CHP—Community Health Plan
MVP Health Plan

Greater New York/ Long Island Area
AEtna Health Plans of New York
CIGNA Healthplan of New York
ChoiceCare Long Island
Elderplan
HIP—Health Insurance Plan of Greater New York
HealthNet

Greater New York/ Long Island Area (continued)
Managed Health
MetLife Network
Oxford Health Plans
PruCare of New York
Sanus Health Plan
Travelers Health Network of New York
U.S. HealthCare

Lower/Mid-Hudson Valley Area
CHP—Community Health Plan
Independent Health
Kaiser Foundation Health Plan of New York
MHP—Mid-Hudson Health Plan
MVP Health Plan
MetLife Network
PHS—Physicians Health Services of New York
PruCare of New York
Sanus Health Plan
WellCare of New York

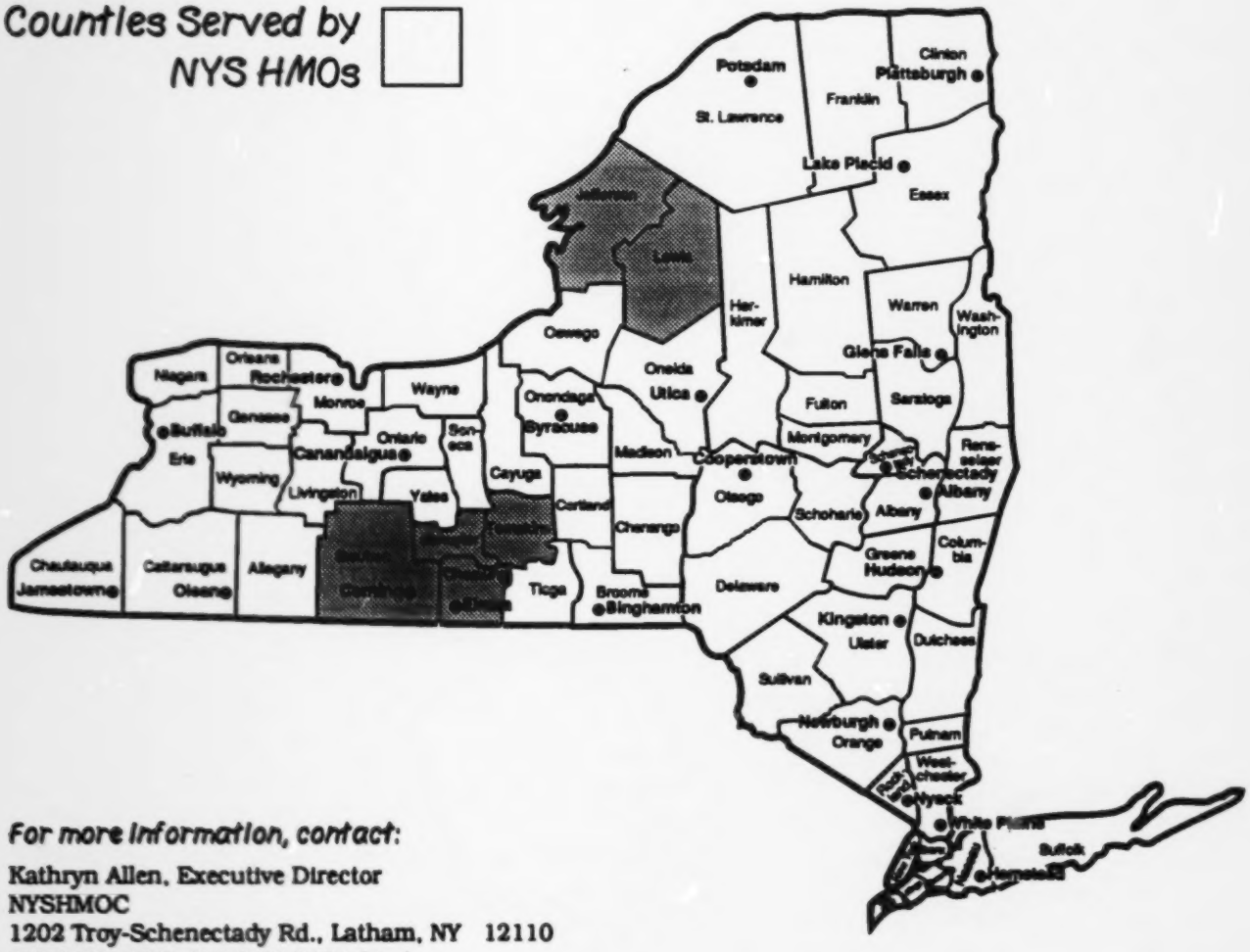
North Country Area
CHP—Community Health Plan
MVP Health Plan
NorthCare
WellCare of New York

Rochester Area
Blue Choice
Preferred Care

Syracuse Area
IPHP—Independent Prepaid Health Plan
Patients' Choice
PHP—Prepaid Health Plan
Travelers Health Network of New York

Upper Hudson Valley Area
BlueCare Plus
Capital District Physicians' Health Plan
CHP—Community Health Plan
HealthNet
MVP Health Plan
WellCare of New York

Counties Served by NYS HMOs



For more information, contact:

Kathryn Allen, Executive Director
NYSHMOC
1202 Troy-Schenectady Rd., Latham, NY 12110
518/783-6866, 518/783-0234 (Fax)

BEST COPY AVAILABLE

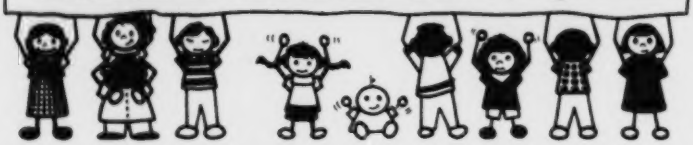
APPENDIX B

Child Health Plus

A *Child Health Plus* brochure is reproduced on the following two pages

Your kids need health care... now you can afford it!

Child Health *Plus*



HEALTH PLAN FOR KIDS

GROWING UP HEALTHY

Where do your kids go for health care?

Once you select an insurer, you will be given a list of providers near you. The provider may be a single doctor, group practice of several doctors, or community health center. If it is a group practice, you may be asked to choose a doctor for your child. Either way, you will be getting the personal health care that your child deserves!

If you have children under age six, they may be eligible for health benefits under the newly expanded Medicaid program. Call 1-800-522-5006 to find out.

Can you qualify even if you've been turned down for public assistance programs in the past?

Yes! One has nothing to do with the other. Child Health Plus is available to all New York State residents regardless of their income! Even if you are working, your children may be eligible. Call 1-800-522-5006... and ask!

Call this number and ask about Child Health Plus and other GROWING UP HEALTHY benefits for children and pregnant women. In New York State, call 1-800-522-5006. In New York City, call (212) 230-1111 or (718) 230-1111.

Participating insurers by region

NEW YORK CITY/METROPOLITAN AREA

Bronx	The Bronx Health Plan	(212) 733-4747
	GHI/St. Barnabas	(212) 960-6655
	Empire Blue Cross/Blue Shield	1-800-453-0113
Brooklyn	Health Care Plus	1-800-437-7587
	Empire Blue Cross/Blue Shield	1-800-453-0113
Manhattan	CenterCare	1-800-545-0571
	Empire Blue Cross/Blue Shield	1-800-453-0113
Queens	Health Insurance Plan of Greater NY (HIP)	1-800-HIP-1350
	Empire Blue Cross/Blue Shield	1-800-453-0113
Staten Island	Empire Blue Cross/Blue Shield	1-800-453-0113
Long Island	Health Insurance Plan	1-800-HIP-1350
	Empire Blue Cross/Blue Shield	1-800-453-0113
Westchester	Westchester/Health Source Prepaid Health Services Plan	1-800-FEW-ILLS
	Empire Blue Cross/Blue Shield	1-800-453-0113

UPSTATE

Hudson Valley	Community Health Plan/ Poughkeepsie	(914) 471-2368
	Empire Blue Cross/Blue Shield	1-800-453-0113
	Blue Shield of Northeastern NY	1-800-888-1238
Capital District	Community Health Plan/Albany	(518) 783-1864
	Community Health Plan/ Cooperstown	(607) 547-9244
	Empire Blue Cross/Blue Shield	1-800-453-0113
	Blue Shield of Northeastern NY	1-800-888-1238
Central NY	Blue Cross/Blue Shield of Central New York	1-800-282-0068
Utica	Blue Cross/Blue Shield of Utica/Watertown	1-800-756-3656
Rochester	Blue Cross/Blue Shield of the Rochester Area	1-800-462-6826
Western NY	Blue Cross of Western NY	1-800-544-2583
	Blue Shield of Western NY	(716) 857-6382

You want your kids to get off to a great start in life, and grow up strong and healthy. But this means routine doctors' visits. Immunizations. Emergency care. Medicines. How can you afford all that...especially in tough times? Now there's help.

GROWING UP HEALTHY is a campaign to tell people about programs that help kids and pregnant women. One of these programs is called Child Health Plus.

What is Child Health Plus?

New York State now has a new health insurance plan for kids, called Child Health Plus. This plan is available through dozens of providers throughout the state. Enrolling in Child Health Plus is easy.

What benefits can you get for your kids?

All these services will be paid for by Child Health Plus:

- well-child care
- immunizations
- X-rays and lab tests
- outpatient surgery
- prescription drugs (a minimal copayment is required)
- treatment for alcoholism and substance abuse
- physical examinations
- diagnosis and treatment of illness and injury
- emergency care
- short-term therapeutic services (chemotherapy, hemodialysis, radiation therapy, and occupational and physical therapy)

Basically, most of your child's health needs, except for hospitalization, will be covered.

How can you apply?

Call this toll-free number: 1-800-522-5006, and ask about Child Health Plus and other New York State health programs for kids. If you prefer to call an insurer directly, a list can be found at the end of this brochure. Each one offers health care through many providers. The insurer will send you an application and give you a list of providers in your area.

Who is eligible?

Children aged 12 and under are eligible if they are not enrolled in Medicaid and have limited or no health insurance. Even if your family income is high, you can enroll your child in Child Health Plus.

What does it cost?

You might have to pay a small copayment ($1 - $3) for prescription drugs. In addition, depending on your gross family income, you may have to pay fees to enroll in Child Health Plus. Find your annual gross household income on the chart below and read the information in that category to see how much, if anything, you will have to pay.

The number of people in family	Yearly income less than	Yearly income between	Yearly income more than
2	$14,172	$14,173 - 19,714	$19,715
3	17,779	17,780 - 24,731	24,732
4	21,386	21,387 - 29,748	29,749
5	24,993	24,994 - 34,765	34,766
6	28,600	28,601 - 39,782	39,783
7	32,207	32,208 - 44,800	44,801
8	35,814	35,815 - 49,817	49,818
For each extra person, add:	$3,607	$5,017	
Fees:	None.	$25 per child per year, maximum $100 per family	Full premium*

**The full premium will vary, depending on the insurer selected. It is usually between $500 - $600, which is probably much less than you would pay for private insurance. You may also have to pay a small copayment (usually $5 or less) per visit.*

APPENDIX C

Resources

AIDS
New York State AIDS Health Insurance Program
Contact your local department of social services for more information.

AIDS Prescription Drug Assistance Program
New York State Department of Health
AIDS Institute
P.O. Box 2052 Empire Station
Albany, NY 12220-0052
(800) 542-2437

Child Health Insurance
New York State Child Health Plus Program
Healthy Baby Hot Line
(800) 522-5006

Health Maintenance Organizations (HMOs)
New York State Health Maintenance Organization Conference
1201 Troy-Schenectady Road
Latham, NY 12110
(518) 783-6866

Insurance Complaints and Questions
New York State Insurance Department
Consumer Services Bureau
Agency Building One
Empire State Plaza
Albany, NY 12257
(800) 342-3736

Medicaid
Contact your local department of social services for more information.

Medicare
Social Security Administration
(800) 772-1213

Prescription Drugs
Elderly Pharmaceutical Insurance Coverage Program (EPIC)
P.O. Box 15018
Albany, NY 12214-5527
(800) 332-3742

Health Insurance Companies
Quotesmith
(800) 556-9393
For a small fee, this service will compile a list of 25 to 50 health insurance policies that match your specifications.

For information on other private health insurance coverage, look under "Insurance" in the yellow pages of your telephone directory. You will find the telephone numbers for commercial insurance companies or not-for-profit companies.

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New York State Education Department
Albany, New York 12230

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